

We are going to do a better job of coordinating care and providing medical homes for people as we go forward.

We are going to take examples like that in the neighboring State represented by Senator FEINGOLD. Over in Minnesota, they have this Mayo Clinic, and they figured out how to make the Mayo Clinic provide better health care, with better outcomes, at lower cost than most other places in this country. They took their model and they went down to Florida, where costs were very high for health care. They took the Mayo model to Florida, and they ended up with better outcomes and lower costs in Florida compared to other folks who had been doing business in Florida providing health care for years.

But it is not just the Mayos, it is the Intermountain folks, a nonprofit out in Utah, the Geisinger operation in Pennsylvania. There are a number of good examples out there. Part of what we are going to do through this debate, as we move toward health care reform, is to learn from those examples, go to school on those examples, and be able to put them to work for all of us.

With that having been said, my friend said some people say we are not going to get health care reform done. We have to get it done. We spend more money for health care in this country than any other developed nation on Earth. We do not get better results. If we spend more money, we don't get better results. We can do better than this. Democrats working together with Republicans, we can get there, and let's just not give up.

Thank you, Madam President. I thank my colleague for his patience.

#### UNANIMOUS-CONSENT AGREEMENTS—H.R. 2346

Mr. INOUE. Madam President, I ask unanimous consent that with respect to the conference report to accompany H.R. 2346, a motion to waive all applicable rule XLIV points of order be considered as having been made by the majority leader.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. INOUE. Madam President, I ask unanimous consent that the vote on the motion to waive rule XLIV occur at 2:50 p.m., and that the time until then be equally divided and controlled between the majority leader and Senator GREGG or their designees.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GREGG. Madam President, we are now, then, on the conference report?

The PRESIDING OFFICER. Not at this point in time. Not yet. A request has to be made to go to the conference report.

#### MAKING SUPPLEMENTAL APPROPRIATIONS FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2009—CONFERENCE REPORT

Mr. INOUE. Madam President, I ask unanimous consent that the Senate now resume consideration of the conference report to accompany H.R. 2346.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senate will resume consideration of the conference report to accompany H.R. 2346, which the clerk will report.

The legislative clerk read as follows:

Conference report to accompany H.R. 2346, an act making supplemental appropriations for the fiscal year ending September 30, 2009, and for other purposes.

The PRESIDING OFFICER. Under the previous order, a motion to waive all applicable points of order under rule XLIV is considered as having been made by the majority leader.

Mr. FEINGOLD. Madam President, if it is appropriate, I ask unanimous consent to speak for 10 minutes as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### HEALTH CARE REFORM

Mr. FEINGOLD. Madam President, every year I hold a constituent listening session, or townhall meeting, in every county in Wisconsin. After 1,188 of those sessions, I have heard a lot from my constituents on pretty much every issue you can imagine. But one issue in particular stands out, as it has consistently been one of the top issues raised throughout the past 17 years. That issue is, of course, health care.

Again and again—not just in listening sessions but in conversations and phone calls and letters and e-mails—Wisconsiners have talked to me about their struggles to obtain and afford health insurance coverage. Their stories have stayed with me and have been the foundation of my work to push for comprehensive health reform throughout my career in the Senate.

As a freshman Senator, I worked to increase access to long-term care and home and community-based services in the Wisconsin tradition during the 1994 attempt at health reform because I knew how valuable these programs were to my constituents. I continued to fight for real and fair access to affordable prescription drugs by speaking up for seniors during the debate on creating Medicare Part D. I ended up not voting for Part D because I knew it would help pharmaceutical companies before it helped seniors. For years I have tried to get the Senate to address the issue that was foremost in the minds of my constituents.

Frustrated by the inaction, I teamed up with Senator LINDSEY GRAHAM to introduce legislation that sought to break the logjam blocking health care reform legislation. While Senator GRAHAM and I have had very different ideas about how reform should look, we agreed further delay was unacceptable. I know some of my colleagues are now

arguing that health care is being rushed through the Senate.

Well, that is not my experience, and I think the Wisconsiners who have been talking about the need for reform for years would agree. That is why I am so excited that the Senate is preparing to consider health reform legislation, and I look forward to reviewing the bills the HELP and Finance Committees are expected to report shortly.

As this debate goes forward, I remain committed to reforming our health care system so every single American is guaranteed good, affordable health care coverage.

Today, I wish to talk about one of the most important elements of any reform, and that is a strong public health insurance option. Frankly, I am disappointed this has become a topic of so much controversy because it is such a fundamental part of making sure we provide the reform my constituents and all Americans deserve. Some have even suggested scrapping a public option in the interests of passing a bill with bipartisan support. Well, I want to pass health care reform, and I hope very much we can do it with bipartisan support, but I am not that interested in passing health care reform in name only. I am not interested in a bill that allows us to somehow tell our constituents we have done something but doesn't address their concerns they have had for so very long. We need real reform, and real reform means a strong public option.

Americans want a health insurance option. According to a recent poll by NBC and the Wall Street Journal, over three-fourths of those polled said they would like the ability to choose between public and private health insurance plans. Providing a public health insurance option does not discriminate against those with preexisting conditions and illnesses, and it will significantly improve the ability of people to access health care.

There are millions of Americans who will tell us their current so-called "competitive" market didn't work so well for them because they were denied coverage from the outset, or they were given a benefit plan that covers everything but the diseases they actually have. Health insurance should not be a privilege, but in today's insurance market that is actually what it is. Those who are healthy enough to be approved for coverage, or wealthy enough to afford it, are too often the privileged ones who receive health care. We must shift the competition back to where it should be—on the health insurers competing to provide better coverage at a more affordable rate.

A public health insurance option, if done right, will help shift the insurance market so plans focus on what is best for the patient to thrive instead of plans simply focused on the bottom line.

Just a few weeks ago, Geri Weitzel from Durand, WI, shared her story with me. Geri's husband suffers from renal